

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket Number (Optional)  
2820-5474.1US ()



In re Application of William J. Hennen

Application Number 10/646,615

Filed August 22, 2003

For CARDIOVASCULAR THERAPY COMPOSITION INCLUDING  
TRANSFER FACTOR AND THERAPEUTIC METHODS  
INCLUDING USE OF THE COMPOSITION

Group Art Unit  
1651

Examiner  
T. Kim

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) \$120.00  
☐ Two months (37 CFR 1.17(a)(2)) \$ \_\_\_\_\_  
☐ Three months (37 CFR 1.17(a)(3)) \$ \_\_\_\_\_  
☐ Four months (37 CFR 1.17(a)(4)) \$ \_\_\_\_\_  
☐ Five months (37 CFR 1.17(a)(5)) \$ \_\_\_\_\_
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 60.00.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1469.
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

12/28/2006 EHAILE1 00000005 10646615

☐ assignee of record of the entire interest. See 37 CFR 3.73(f) FC:2251

50.00 UP

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a).

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

December 22, 2006

Date

Signature

Brick G. Power Reg. No. 38,581

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name: Leta M. Howard

Signature

Date: 12/22/06